| PATENT APPLICATION Effect | Application or Docket Number LOLOSO/OY 09793995344 | | | | | | | |
|--|--|-----------------------------------|------------|------------------------|------------|---------------------|------------------------|----|
| CLAIMS AS | (Column 1) | (Column 2) | SMALL | ENTITY | OR | | R THAN ENTITY | |
| | 86 | | RATI | FEE |] | RATE | FEE | 1 |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | EE 370.00 | OR | BASIC FE | 740.00 | 1 |
| TOTAL CHARGEABLE CLAIMS | 84 minus 20= | • 66 | X\$ 9 | = " | OR | X\$18= | 1188 | 1. |
| INDEPENDENT CLAIMS | 10 minus 3 = | • 7 | X42- | : | OR | X84= | 608 | 7 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | ┪┈ | | 0 4 - | 1. |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | +140: | | OR | +280= | | |
| CLAIMS AS AMENDED - PART II | | | TOTA | ــــــا | OR | TOTAL | 2576 | · |
| (Column 1) (Column 2) (Column 3) | | | | L ENTITY | OR | OTHER SMALL | R THAP! ENTITY | |
| CLAIMS REMAINING AFTER -AMENOMENT Total * () 2 Independent * 9 | HIGH NUMI PREVIO PAID | EST BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • 6 2 | Minus + 7 | 6 - | X\$ 9= | | OR | X\$18= | 1 | |
| Independent • 19 | Minus and CC | 9 | X42= | | | X 64 00 | 774,W | • |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | OR | 7042 | 1140 | • |
| ((A)) | | | +140= | | OR | +280= | | |
| 11/2/09 | | | ADDIT. FE | | OR | TOTAL ADDIT. FEE | 774.00 | d |
| (Column 1) | (Colum High | | | 1 100 | | | | |
| REMAINING AFTER AMENDMENT Total Independent • 2 C | NUME PREVIO PAID F | USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • O | Minus ** | | X\$ 9= | | OR | X\$18# | | , |
| Independent • 20 | Minus *** | 9 = 10 | X42- | | OF | XBe⊋ | XA | W |
| FIRST PRESENTATION OF MUI | LTIPLE DEPENDENT | OLAIM | +140= | | | ¥200= | 800 | |
| | | | ADDIT. FEE | | da , | TOTAL ODIT. FEE | | |
| (Column 1) | (Colum | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent | HIGHE NUMBI PREVIOL PAID FI | ER PRESENT JSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL | |
| Total . | Minus ee | D | X\$ 9= | | <u>"</u> t | X\$18= | FEE | ! |
| independent • | Minus ••• | = | | | OR | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | X42= | | OR | X84= | | |
| * If the print is return 1 is less than the cots is setume 1 who had a setume 1 | | | | | DR | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | OR A | TOTAL DDIT, FEE | | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |

FORM PTO-675 (Rev. 8/01)

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